

MONTHLY GRADUATE ASSISTANT GROUP HEALTH INSURANCE RATES FOR CY 2008*		CONTRACT TYPE	
PLAN NAME	PLAN TIER	SINGLE	FAMILY
STANDARD PLAN	3	674.90	1683.40
STATE MAINTENANCE PLAN (SMP)	1	419.60	1045.20
ANTHEM BCBS NORTHWEST	2	438.10	1091.50
ANTHEM BCBS SOUTHEAST	1	410.40	1022.30
ARISE HEALTH PLAN	1	402.80	1003.30
DEAN HEALTH PLAN	1	328.40	817.30
GHC EAU CLAIRE	1	425.20	1059.30
GHC-SCW	1	324.10	806.50
GUNDERSEN LUTHERAN HEALTH PLAN	1	416.70	1038.00
HEALTH TRADITION	1	411.80	1025.80
HUMANA EASTERN	1	439.30	1094.50
HUMANA WESTERN	1	442.20	1101.80
MEDICAL ASSOCIATES HEALTH PLAN	1	310.60	772.80
MERCYCARE HEALTH PLAN	1	293.40	729.80
NETWORK HEALTH PLAN	1	320.90	798.50
PHYSICIANS PLUS--MERITER & UW	1	329.00	818.80
SECURITY HEALTH PLAN	1	439.20	1094.30
UNITEDHEALTHCARE NE	1	380.00	946.30
UNITEDHEALTHCARE SE	1	423.00	1053.80
UNITY COMMUNITY	1	432.20	1076.80
UNITY UW HEALTH	1	351.90	876.00
WPS PATIENT CHOICE PLAN 1	1	421.80	1050.80
WPS PATIENT CHOICE PLAN 2	2	447.10	1114.00
*These are the total monthly premium rates. See your benefits and payroll specialist and page A-2 for more information on employee contributions.			